

ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
03/30/2000

PRODUCER CERTIFICATE SIMPLIFIED (1/95) Serial # 589

AON RISK SERVICES  
7325 BEAUFONT SPRINGS DRIVE  
SUITE 300  
RICHMOND, VA 23225  
804 560 2230

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

COMPANY A FIDELITY &amp; GUARANTY INSURANCE COMPANY

COMPANY B HARTFORD FIRE INSURANCE COMPANY

COMPANY C

COMPANY D

INSURED

OLD DOMINION FREIGHT LINE, INC.  
1730 WESTCHESTER DRIVE  
HIGH POINT, NC 27262

## COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO	TYPE OF COVERAGE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b>				GENERAL AGGREGATE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$
					FIRE DAMAGE (Any one fire) \$
					MED EXP (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$

2822300	3/30/00	3/30/01	X	EL EACH ACCIDENT	\$ 5,000,000
				EL DISEASE - POLICY LIMIT	\$ 5,000,000
				EL DISEASE - EA EMPLOYEE	\$ 5,000,000

SPDF4845	4/1/00	4/1/01	\$1,000,000 LIMIT ANY ONE TRUCK
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S/SPECIAL ITEMS

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

VL Clume

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MICHAEL).FP3ODFL 99-00 WC-MTC-TRLR INTERCHANGE (MICHAEL).FP3

	OTHER THAN UMBRELLA FORM	
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	DRE
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:	X INCL EXCL

B	OTHER MOTOR TRUCK CARGO	14M
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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLE

## CERTIFICATE HOLDER

DEPARTMENT OF ENERGY  
LOCKHEED MARTIN ENERGY RESEARCH  
OAK RIDGE NATIONAL LABORATORY  
P.O. BOX 2008  
ATTN: LAURA CHAPMAN  
OAK RIDGE, TN 37830-6008

ACORD 25-S (3/95)

ODFL 99-00 WC-MTC-TRLR INTERCHANGE (MICHAEL).FP3